

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8/26/97 2 Serial/Patent # 08-845134

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 260.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

*Refund WPS
NOT DOCS*

7 TOTAL AMOUNT OF REFUND	\$ 260.00
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10 REASON:	8 TO BE REFUNDED BY:
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
No Fee Due (Explanation):	9, <u>02-0200</u>

*ADMISSION Changes multiple claim
to a singular dependent claim*

11. REFUND REQUESTED BY:	TYPED/PRINTED NAME: <u>Tracy Johnson</u>	TITLE: <u>L.I.S.</u>
SIGNATURE: <u>Tracy Johnson</u>	PHONE: <u>308-9024</u>	
OFFICE: <u>00560</u>	***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: <u>Cynthia Shuster</u>	DATE: <u>9/24/97</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B